

# McLean County Board of Review Supervisor of Assessments

104 West Front Street, Room 705, Bloomington, IL 61701 (309) 888-5130

## DEMONSTRATION HOME ASSESSMENT APPLICATION

PARCEL NUMBER \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ MAILING NAME \_\_\_\_\_

\_\_\_\_\_ MAILING ADDRESS \_\_\_\_\_

I request that a demonstration home assessment be granted on the single family dwelling, townhouse or condominium unit for the assessment year of \_\_\_\_\_, pursuant to 35 ILCS 200/10-25 (P.A. 88-660).

I certify that

- This single family dwelling, townhouse or condominium unit is not occupied as a dwelling.
- It is used solely as a display or demonstration model home for prospective buyers of such dwellings to be built on other tracts or lots, and my include the use of the display or demonstration home as an office to further sales activities.
- Not more than two other of my display or demonstration models are located within a three mile radius. The center point of the radius is the display or demonstration model that has been used for the longest period of time.

Under penalties of perjury, I certify that all of the information on this application is true, correct and complete. I understand that I am legally bound to notify the Chief County Assessment Officer within 60 days of the date the dwelling is no longer used solely as a display or demonstration model home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)